Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Urtier the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number DECLARATION FOR UTILITY OR JUERGEN K. PUETTER **DESIGN First Named Inventor PATENT APPLICATION** COMPLETE IF KNOWN (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted OR Submitted after Initial Art Unit Filing (surcharge (37 CFR 1.16 (e))

Examiner Name

with Initial Filing

required)

As the below named inventor, I her	eby declare that:			
My residence, mailing address, and o	citizenship are as stated belo	ow next to my name.		
I believe I am the original and first inv	entor of the subject matter v	which is claimed and for whi	ch a patent is soug	tht on the invention entitled:
WASTEWATER TREATMENT SYSTEM				
	(Title of the I	nvention)		
the specification of which	V	,		
is attached hereto				
OR -				
was filed on (MM/DD/YYYY)		as United States A	pplication Number	or PCT International
hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by a mendment specifically referred to above. acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT				
ternational filling date of the continuation-in-part application.				
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant reeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United tates of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant reeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is aimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
2,337,975	CANADA	02/26/2001		
Additional foreign application nur	mbers are listed on a supple	emental priority data sheet F	TO/SB/02B attach	ned hereto:

DECLARATION — Utility or Design Patent Application

	Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below							
	ANISSIMOFF & ASSOCIATES Name							
	Richmond North Office Centre							
	Address Suite 201, 235 North Centre Road	l						
	LONDON				TARIO	N5X 4E7		
ı	CANADA	510	9-673-5591	State		ZIP 510 670 6704		
						519-673-6784		
		Teleph				Fax		
	validity of the application or any patent issued thereon							
from from Cong.	NAME OF SOLE OR FIRST INVENTOR :		A petition h	as bee	en filed for this unsig	ned inventor		
	JUERGEN K.				PUETTER			
·	(first and middle [if any])		Family or Sur	y Name				
					name	02/05/2002 Date		
	SIDNEY		British Colur	nbia	CANADA	CANADIAN		
	Residence: City	S	State		Country	Citizenship		
M	2457 Tryon Road					OKIZENSIIIP		
- 1	Mailing Address							
ı	Sidney		British Colur	mbia	\/01 5110	CANADA		
	City		State		V8L 5H8			
ľ	NAME OF SECOND INVENTOR:			boon	ZIP	Country		
ŀ	STEVEN C.		A pennon has	been	filed for this unsigne	d inventor		
	Given Name			Family	DEPOLI			
-	(first and middle [if any])			or Sur				
	Inventor's Signature	2				02/05/2002		
ŀ		$\overline{}$	Dritioh Colum	- la : -	CANADA	Date		
ı			British Colun	nbia	CANADA	CANADIAN		
ŀ	Residence: City	s	State		Country	Citizenship		
	719 Suffolk Street							
	Mailing Address							
	Victoria		British Colur	nbia	V9A 3J5	CANADA		
	City	s	State		ZIP	Country		
	Additional inventors are being named on the 1	supple	emental Addition	nal Inve	ntor(s) sheet(s) PTO/SR/			

J :: 3

PTO/SB/02A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S)

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if a	ny:		A petition has been filed for this unsigned inventor				
DAVID J. Given Name		,	FEATHERSTONHAUGH Family Name or Surname				
Inventor's Signature David J fethertonhaugh			02/05/2002 Date				
VICTORIA	BUG	n Columbia	TC	CANADA		CANADIAN	
Residence: City 4533 Rithetwood Drive	Stat	te	c	ountry		Citizenship	
Mailing Address							
Mailing Address					-		
VICTORIA	Britis	sh Columbia	ijŢ	/8X 4J5	CAN	ADA	
City	Stat	е	1	ZIP	Count		
Name of Additional Joint Inventor, if ar	ıy:		A petition has been filed for this unsigned inventor				
Given Name			Family Name or Surname				
Inventor's Signature			·			Date	
Residence: City	Stat	te	c	Country		Citizenship	
Mailing Address							
Mailing Address							
City	Stat	te		ZIP	Count	ry	
Name of Additional Joint Inventor, if ar	ıy:] /	A petition has been filed	d for this	s unsigned inventor	
Given Name				ily Name urname			
Inventor's Signature						Date	
Residence: City	State)	Country		Citizenship		
Mailing Address							
Mailing Address							
City	State			ZIP	C	ountry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ķ4
Service of the servic
W
ĨŲ.
2
250 5

								_
Please	type :	a plus	sign	(+)	inside	this	box	 +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DFPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Num	ber				
Filing Date					
First Named Inve	entor	Jue	rgen	K. Pu	etter
Title	WASTE				SYSTEM
Group Art Unit					
Examiner Name					
Attorney Docket	Number		9419	939	

I hereby appoi	nt:				Г			7
Practition OR	ers at C	ustomer Number]_		Nun	e Customer bber Bar Code el here	
C	er(s) nai	med below:						_
		Name			Registrat	ion N	umber	
	.70	DSEPH A. DAY			27,51	12)
		OBERT A. DAT			21,3	. 3		1
-		agent(s) to prosecute the ap States Patent and Trademark	•				transact all	
		spondence address for the a						
		ed Customer Number.						
OR							ustomer Bar Code	
Practitioners at Customer Number OR Number Bar Code Label here								
Firm or								
Individual Na	ime	ne ANISSIMOFF & ASSOCIATES						
Address		Richmond I						
Address		LONDON 235 North		Road, Suite 201 State Ontario Zip N5X 4E7				
City Country		CANADA		State [Officall	<u> </u>	TE XCM 412	
Telephone		519-673-5591	Ti	Fax	519-67	3-67	'84`	***
I am the:								
Applican	t/Invent	or.						
 	f		. 07 OFD 0 7	7.4				
		ord of the entire interest. See r 37 CFR 3.73(b) is enclosed			96).			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SIGNATURE of Applican	nt or Assigne	ee of F	Record			
SIGNATURE of Applicant or Assignee of Record								
Name	HYDROXYL SYSTEMS INC. per: Juergen K. Puetter - President			<u> </u>				
Signature		(ang)						
Date	Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
		ntors or assignees of record of the is required, see below*.	entire interest o	or their	representati	ve(s) a	re required Submit	i multiple
☐ *Total of		rms are submitted.						
Burden Hour Statement: This	form is est	mated to take 3 minutes to complete. Tir	me will vary depe	nding u	pon the needs	of the in	idividual case. Any co	mments on

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments of the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	JUERGEN K. PUETTER
Title	WASTEWATER TREATMENT
Group Art Unit	SYSTEM
Examiner Name	
Attorney Docket Number	941939

I hereby appoint	:				
Practitioner	rs at Customer Number	Place Customer Number Bar Code Label here			
	(s) named below:				
	Name	Registration Number			
	JOSEPH A. DAY	27,513			
	r(s) or agent(s) to prosecute the application ide nited States Patent and Trademark Office conn				
The above-mo	e correspondence address for the above-identifentioned Customer Number. at Customer Number	Place Customer Number Bar Code Label here			
Firm <i>or</i> Individual Nam	e ANISSIMOFF & ASSOCIA				
Address	Richmond North Office Cent	· -			
Address	235 North Centre Road, Suit				
City	London, Ontario	N5X 4E7			
Country Telephone	CANADA (519) 673-5591	(510) 672 6794			
I am the: X Applicant/I Assignee of					
	SIGNATURE of Applicant or Assigne	e of Record			
Name	Name Juerger Ry Puetter				
Signature	1/1/5//				
Date February 5, 2002					
NOTE: Signatures of all the forms if more than one signature.	ne inventors or assignees of record of the entire interest ognature is required, see below*.	r their representative(s) are required Submit multiple			
☐ *Total of	forms are submitted				

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	JUERGEN K. PUETTER
Title	WASTEWATER TREATMENT
Group Art Unit	SYSTEM
Examiner Name	
Attorney Docket Number	941939

l hereby appo	int:	[
Practitio	Place Customer Number Bar Code Label here			
	ner(s) named below:			
	Name	Registration Number		
•	JOSEPH A. DAY	27,513		
	ney(s) or agent(s) to prosecute the application ide United States Patent and Trademark Office conn			
Please change	the correspondence address for the above-identif	ied application to:		
	-mentioned Customer Number.			
OR Practitione	rs at Customer Number -	Place Customer Number Bar Code		
OR	at Sastemer Hamber	Label here		
X Firm <i>or</i> Individual Na				
Address	Richmond North Office Centr	е		
Address	235 North Centre Road, Suit	e 201		
City	London, Ontario			
Country	CANADA			
Telephone	(519) 673-5591 F	ax (519) 673-6784		
l am the:				
X Applican	t/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
	SIGNATURE of Applicant or Assigned	of Record		
Name	David J. Featherstonhaugh			
Signature	David Heathy tunhant			
Date	February 5 2002			
NOTE: Signatures of all forms if more than one	I the inventors or assignees of record of the entire interest or signature is required, see below*.	their representative(s) are required. Submit multiple		
☐ *Total of	forms are submitted.			
Surden Hour Statement: This	form is estimated to take 3 minutes to complete. Time will yary depart	ting upon the needs of the industrial sees. Any comments on		

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	JUERGEN K. PUETTER
Title	WASTEWATER TREATMENT SYSTEM
Group Art Unit	SYSTEM
Examiner Name	
Attorney Docket Number	941939

Practitioners at Customer Number OR Name Registration Number JOSEPH A. DAY 27,513 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number. OR ANISSIMOFF & ASSOCIATES Address Richmond North Office Centre Address Richmond North Office Centre Address 235 North Centre Road, Suite 201 City London, Ontario Country CANADA I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). Signature Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here Number Bar Code Label here Place Customer Number Bar Code Label here Number Bar Code Label here Place Customer Number Bar Code Label here Num	I hereby appoint:					
Name Registration Number JOSEPH A. DAY 27,513 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Number Number Bar Code Label here Address Richmond North Office Centre Address Richmond North Office Centre Address 235 North Centre Road, Suite 201 City London, Ontario N5X 4E7 Country CANADA Telephone (519) 673-5591 Fax (519) 673-6784 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depol.i Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple froms if more than one signature is required, see below.	Practitioners at Customer Number Number Bar Code					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number. ANISSIMOFF & ASSOCIATES Richmond North Office Centre Address Richmond North Office Centre Address 235 North Centre Road, Suite 201 City London, Ontario N5X 4E7 Country CANADA Telephone (519) 673-5591 Fax (519) 673-6784 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB196). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	X Practitio	ner(s) named below:				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number. ANISSIMOFF & ASSOCIATES Address Richmond North Office Centre Address Richmond North Office Centre Address 235 North Centre Road, Suite 201 City London, Ontario Cannata Telephone [519] 673-5591 Fax (519) 673-6784 I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		Name	Registration Number			
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number ANISSIMOFF & ASSOCIATES Address Address Richmond North Office Centre Address 235 North Centre Road, Suite 201 City London, Ontario N5X 4E7 Country CANADA Telephone 1519) 673-5591 Fax (519) 673-6784 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		JOSEPH A. DAY	27,513			
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number ANISSIMOFF & ASSOCIATES Address Address Richmond North Office Centre Address 235 North Centre Road, Suite 201 City London, Ontario N5X 4E7 Country CANADA Telephone 1 am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number ANISSIMOFF & ASSOCIATES Address Richmond North Office Centre Address	as my/our attor business in the	rney(s) or agent(s) to prosecute the application ide a United States Patent and Trademark Office conn	ntified above, and to transact all ected therewith.			
ANISSIMOFF & ASSOCIATES Address Richmond North Office Centre Address 235 North Centre Road, Suite 201 City London, Ontario N5X 4E7 Country CANADA Telephone (519) 673-5591 Fax (519) 673-6784 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	The above-mentioned Customer Number. OR Place Customer					
Address Richmond North Office Centre Address 235 North Centre Road, Suite 201 City London, Ontario N5X 4E7 Country CANADA Telephone (519) 673-5591 Fax (519) 673-6784 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR		Label here			
Address 235 North Centre Road, Suite 201 City London, Ontario N5X 4E7 Country CANADA Telephone (519) 673-5591 Fax (519) 673-6784 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depo1i Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Y	iditio				
Country CANADA Telephone (519) 673-5591 Fax (519) 673-6784 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address		-			
Country CANADA Telephone (519) 673-5591 Fax (519) 673-6784 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address		e 201			
Telephone (519) 673-5591 Fax (519) 673-6784 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			N5X 4E7			
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. Total of forms are submitted						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone	(519) 673-5591 Fa	ax (519) 673-6784			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. Total of						
Name Steven C. Depoli Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. Total of						
Signature Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. Total of forms are submitted	SIGNATURE of Applicant or Assignee of Record					
Date February 5, 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. □ *Total offorms are submitted	Name	Steven C. Depoli				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. □ *Total of	Signature	ature the Der				
torms if more than one signature is required, see below*. □ *Total offorms are submitted	Date	Date February 5, 2002				
	NOTE: Signatures of a forms if more than one	all the inventors or assignees of record of the entire interest or a signature is required, see below*.	their representative(s) are required. Submit multiple			
perdon House Statements This forms as assumed that talk of						

Please type a plus sign (+) inside this box	-

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	er					
Filing Date						
First Named Inventor		Jue	rgen	K. I	Puetter	
Title W	ASTE	VATER	TREA	TMEN	T SYSTE	M
Group Art Unit						****
Examiner Name						
Attorney Docket Number			9419	939		

I hereby a	I hereby appoint:				
Practitioners at Customer Number OR Number Bar Code Label here					
Γ		Name	Registration Number		
			- Nogled attention training		
_	J(DSEPH A. DAY	27,513		
_					
L					
as my/our a	ttorney(s) or	agent(s) to prosecute the application	identified above, and to transact all		
		States Patent and Trademark Office co			
		espondence address for the above-ide ned Customer Number.	ntified application to:		
OR	ove-mention	ied Customer Number.	Place Customer		
Practition	oners at Cus	stomer Number	Number Bar Code Label here		
OR			Labernere		
X Firm or Individua	lual Name ANISSIMOFF & ASSOCIATES				
Address		Richmond North C	ffice Centre		
Address		235 North Centre Road, Suite 201			
City		LONDON State Ontario Zip N5X 4E7			
Country		CANADA			
Telephone		519-673-5591	Fax 519-673-6784`		
l am the:					
Applicant/Inventor.					
X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name	HYDR	HYDROXYL SYSTEMS I.W. per: Juergen K. Puetter - President			
Signature		(Vaille)			
Date		February 5, 2002			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
☐ *Total of	tor	ms are submitted.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.